

PURPOSE: To provide appropriate WIC services to clients regarding blood lead levels and comply with Michigan law, MCL § 400.1111, which requires that all children who participate in the WIC Program receive lead testing.

ABBREVIATIONS AND DEFINITIONS:

BLL: Blood lead level

BLRV: Blood Lead Reference Value

CLPPP: Childhood Lead Poisoning Prevention Program

Test: Any blood draw (capillary, venous, or unknown sample type) that produces a quantifiable result. A blood lead test may be collected for screening, confirmation, or follow-up. (Source: CDC surveillance definition)

A. POLICY:

1. WIC staff shall assess all appropriate clients for history/diagnosis of an elevated blood lead level (BLL) during certification/recertification/mid-certification (IEVAL/CEVAL) appointments and assign respective WIC risk code if applicable.
2. During infant certification appointments, WIC staff shall assess all formula-fed infants for safe water, including risk of lead contamination.
3. WIC staff shall refer caregivers concerned about lead levels in water to resources offering water testing and encourage caregiver to discuss these concerns with their healthcare provider.
4. During child certification/recertification and mid-certification (CEVAL) appointments, WIC staff shall assess the history of blood lead testing for every child. If a child has not had a blood lead test, s/he must be referred for blood lead testing. Prior to making the referral or performing a blood lead test, the parent or caregiver shall be asked if the child has had blood drawn for a lead test at the health care provider's office in the past 30 days.

Note: Michigan law, MCL § 400.1111 requires all children who participate in the WIC Program receive lead testing. (See Exhibit A, MCL § 400.1111). Medicaid requires all children be tested at 12 and 24 months of age, and for children between 24 and 72 months not previously tested, to be tested at least once.

5. Referrals for blood lead testing can be internal (i.e., in a health department that offers this service independently, or in coordination with WIC services), or external (i.e., health provider).

6. Local agencies, when drawing blood for WIC eligibility determination (See Policy 2.16, Hematological Risk Determination), can draw additional blood for use in conducting lead testing to streamline client services and minimize invasive testing.
7. In cases where the local agency offers on-site lead testing, WIC shall collaborate with the local lead program regarding provision and coordination of these services. Refer to Policy 1.03 Exhibit, for the Memorandum of Understanding between MDHHS WIC and CLPPP.
8. Clients who have been tested in the local agency and have a capillary result ≥ 3.5 micrograms per deciliter for children 1-5 years of age and ≥ 5 micrograms per deciliter for women and infants shall be referred for a venous blood lead test.
9. Other referrals for retesting or follow-up lead testing may be indicated and shall be coordinated with or deferred to the local lead program. A maternal BLL ≥ 5 micrograms per deciliter during pregnancy or at delivery necessitates further monitoring of mother and infant. Note that specific practice recommendations exist related to both initiation and continuation of breastfeeding, based on both infant and maternal BLLs. These recommendations are summarized in the publication, "Breastfeeding & Lead Exposure: Issue Statement and Recommendations" available on the Michigan WIC website.
10. The local agency shall reinforce primary prevention strategies to avoid lead exposure and provide information about nutrition interventions, when appropriate.
11. All WIC clients with a venous BLL of ≥ 3.5 micrograms per deciliter for children 1-5 years of age and ≥ 5 micrograms per deciliter for women and infants within the past 12 months shall be identified as high risk. (See Policies 2.13A, Michigan Nutrition Risk Criteria and 5.06, Nutrition Services for High Risk Clients.) WIC staff shall assist in the development of an appropriate nutrition care plan as indicated for clients identified as having an elevated BLL, including provision of nutrition counseling and referrals to treatment/other programs.
12. Local agencies using a portable blood lead analyzer (e.g., Lead Care II) shall follow state requirements for reporting blood lead testing results. All blood lead levels, for both adults and children living in Michigan, must be reported to MDHHS CLPPP within five business days per Michigan Administrative Rule 325.9082-325.9083.
13. Elevated BLL case management services, which are generally provided by local health departments, may vary from area to area and are not the responsibility of WIC.
14. Blood lead testing is not an allowable WIC Program cost. Funds provided to local agencies for administration of the WIC Program shall not be used to provide blood lead testing or to purchase lead testing supplies or equipment, beyond costs WIC would have incurred to determine hematological risk.
15. Agencies may submit a request for reimbursement to Medicaid for the cost of lead testing supplies and analyses for clients enrolled in Medicaid. Agencies that charge a fee for blood

lead testing shall inform clients whose fee is not covered by Medicaid, and who choose to have blood lead testing done, that fees incurred are for blood lead testing and not for WIC services.

B. GUIDANCE

1. WIC staff can assess a client's blood lead history by reviewing the MI-WIC MCIR interface record or directly accessing the MCIR application.
2. For more information on reduction of environmental lead exposure risk, best practices for blood level retesting, parent handouts and references for health professionals, visit [Mi Lead Safe \(michigan.gov\)](https://www.michigan.gov/milead).
3. The health professional reference: "Breastfeeding & Lead Exposure: Issue Statement and Recommendations" is available on the Michigan WIC website. Note that a rise in maternal BLL may occur immediately after delivery due to fluid shifts and hemo-concentration. A mother's milk lead levels rise in a fairly linear fashion, with respect to maternal plasma levels, until maternal BLLs rise above 40 micrograms per deciliter.
4. Identify local health programs and/or local initiatives designed to address lead exposure prevention and treatment, water testing, etc. and ensure referral information is readily available to staff providing client counseling.
5. Use appropriate client nutrition education materials, such as the "Well Fed Means Less Lead" brochure available on the Michigan WIC website. Encourage consumption of foods with nutrients that help minimize absorption of ingested lead (with an emphasis on foods in WIC food package) and assist in preventing adverse consequences.

References:

MCL § 400.1111

[Ruckart PZ, Jones RL, Courtney JG, et al. Update of the Blood Lead Reference Value — United States, 2021. MMWR Morb Mortal Wkly Rep 2021;70:1509–1512. DOI: http://dx.doi.org/10.15585/mmwr.mm7043a4external icon](https://doi.org/10.15585/mmwr.mm7043a4external%20icon)

WIC Policy Memoranda 93-3 and 93-3A, WIC's Role in Screening for Childhood Lead Poisoning

USDA WIC Risk Code 211: Elevated Blood Lead Levels

Breastfeeding & Lead Exposure: Issue Statement and Recommendations, Michigan Breastfeeding Network, January 2016.

Lead Exposure and Prevention Advisory Committee (LEPAC)

<https://www.cdc.gov/nceh/lead/advisory/lepac.htm>

Cross References:

2.13A Michigan Nutrition Risk Criteria

2.16 Hematological Test for Anemia

5.06 Nutrition Services for High-Risk Clients

Exhibit:

Exhibit: Memorandum of Understanding between Childhood Lead Poisoning Prevention Program (CLPPP) and Women, Infants and Children Division (WIC), effective 12-13-2010

Exhibit A: MCL § 400.111f